

EXHIBIT

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Proposed Claim Form

Kincaid v. Courier Express et. al.
Settlement Administrator
c/o RG2 Claims Administration LLC

***** , ** *****_*****

Kincaid v. Courier Express et al
Case No. 1:18-cv-00707-AT
United States Court for the Northern District of
Georgia

[Class Member Name]
[Mailing Address 1]
[Mailing Address 2]
[City, State ZIP]

CLAIM FORM

In order to receive a payment under the Settlement Agreement, you must complete and timely submit this Claim Form to the Settlement Administrator. You must also complete and return an I.R.S. Form W-9. To be considered timely, these forms must be postmarked by no later than **[MAIL DATE + 90]** if returned by U.S. Mail, or received by **[MAIL DATE + 90]** if returned by fax or e-mail.

SEND ALL DOCUMENTS TO:

Kincaid v. Courier Express et al. Settlement Administrator
c/o

RG2 Claims Administration LLC

[INSERT ADDRESS]

[INSERT PHONE]

[INSERT FAX]

[INSERT EMAIL]

CONSENT TO JOIN

I, hereby opt into this settlement pursuant to Section 216(b) of the Fair Labor Standards Act, 29 U.S.C. §§ 201, *et seq.* (“FLSA”), authorize Class Counsel to represent me in this Settlement, and I agree to waive and release the claims specified in Section 14 (“Release of Claims”) of the Notice that was sent to me along with this Claim Form, including, but not limited to, any claims I may have under the FLSA, and the North Carolina Wage and Hour Act, N.C. Gen. Stat. §§ 95-25.1 *et seq.* (“NCWHA”), and any other federal, state, or local wage and hour law from the start of my contractor relationship with Courier Express/Charlotte, Inc., and/or Courier Express/Raleigh, Inc. (collectively “Courier Express”) through **[DATE OF PRELIMINARY APPROVAL]**, including, but not limited to, claims for back pay, liquidated damages, penalties, interest, and attorneys’ fees, costs, and expenses. Further:

- By completing and signing this Claim Form, I verify that I signed an agreement to provide courier services to Courier Express, and performed courier services, pursuant to that agreement, at some point in time between February 16, 2015, and **[DATE OF PRELIMINARY APPROVAL]**, and I allege that Courier Express failed to pay me for all hours worked since I did not receive overtime pay and had deductions taken from my payments.
- I understand that this lawsuit claims that Courier Express misclassified employees as independent contractors and did not pay employees as required by the FLSA and NCWHA, and that Defendant IDEXX Pharmaceuticals, LLC is a joint employer, as explained in the Notice of the proposed settlement that I received along with this claim form.

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Settlement Administrator
c/o RG2 Claims Administration LLC

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- I wish to participate in the parties' proposed settlement if approved by the Court.
- I understand that if the settlement is approved by the Court, I will receive a check totaling approximately \$ [REDACTED]
- I understand that I must keep the Settlement Administrator informed of my current address and of any change in my address. If I do not do so, I understand that I may not receive any settlement payment that I might otherwise be entitled to receive.

I declare under penalty of perjury under the laws of the United States that the statements above are true and correct.

Signature

Date

Print Name

City, State

In order to receive a settlement payment, you must timely submit a completed Claim Form to the Settlement Administrator so that it is postmarked by no later than [MAIL DATE + 90] if returned by U.S. Mail, or received by [MAIL DATE + 90] if returned by fax or e-mail. You must also complete and return to the Settlement Administrator an I.R.S. Form W-9 by that same date.

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Settlement Administrator
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***** , ** *****_*****

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Name and Address Updates:		
<i>If your name or address is different from what is printed above, please provide updated information below:</i>		
First Name	MI	Last Name
Mailing Address		Apt/Unit
City	State	Zip Code

You should contact the Settlement Administrator at [EMAIL FOR SETTLEMENT ADMINISTRATOR] or [PHONE NUMBER FOR SETTLEMENT ADMINISTRATOR] to confirm receipt of your Claim Form.